

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>fw</i>	<i>68904</i>	<i>9/2/00</i>
O.I.P.E. CLASSIFIER	<i>Q</i>	<i>71098</i>	<i>8/7-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
10	11
30	17
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32	29
33	30
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37	03
38	03
39	03
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41	03
42	03
43	03
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48	03
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50	03

Claim	Date
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Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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